

SERFF Tracking Number:	GRAX-G126766469	State:	Arkansas
Filing Company:	Annuity Investors Life Insurance Company	State Tracking Number:	46478
Company Tracking Number:	AR031950300004		
TOI:	A07I Individual Annuities - Special	Sub-TOI:	A07I.001 Equity Indexed
Product Name:	Annuity Individual Fixed		
Project Name/Number:	Annuity Individual Fixed/		

Filing at a Glance

Company: Annuity Investors Life Insurance Company

Product Name: Annuity Individual Fixed	SERFF Tr Num: GRAX-G126766469	State: Arkansas
TOI: A07I Individual Annuities - Special	SERFF Status: Closed-Accepted For Informational Purposes	State Tr Num: 46478
Sub-TOI: A07I.001 Equity Indexed	Co Tr Num: AR031950300004	State Status: Filed-Closed
Filing Type: Form	Author: SPI GreatAmericanFinancialRes Date Submitted: 08/12/2010	Reviewer(s): Linda Bird Disposition Date: 08/13/2010
Implementation Date Requested:		Disposition Status: Accepted For Informational Purposes
State Filing Description:		Implementation Date:

General Information

Project Name: Annuity Individual Fixed	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Informational	Domicile Status Comments:
Explanation for Combination/Other:	Market Type:
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 08/13/2010	Explanation for Other Group Market Type:
	State Status Changed: 08/13/2010
Deemer Date:	Created By: SPI GreatAmericanFinancialRes
Submitted By: SPI GreatAmericanFinancialRes	Corresponding Filing Tracking Number:
Filing Description:	
Please accept this letter as notification to your department of Annuity Investors Life Insurance Company's intent to expand the range of the Guaranteed Minimum Surrender Value Rate as referenced on the previously submitted Explanation of Variables for the policy form P1405005NW/P1405105NW, which were approved for use in your state on 09/15/05, under file number 30538.	

We are expanding the range of the Guaranteed Minimum Surrender Value Rate from 2%-3%, to 1%-3%. A revised Explanation of Variables document is enclosed for your records.

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Filing Company:	Annuity Investors Life Insurance Company	State Tracking Number:	46478
Company Tracking Number:	AR031950300004		
TOI:	A071 Individual Annuities - Special	Sub-TOI:	A071.001 Equity Indexed
Product Name:	Annuity Individual Fixed		
Project Name/Number:	Annuity Individual Fixed/		

Company and Contact

Filing Contact Information

Juli Fleming, Senior Compliance Analyst	jffleming@gafri.com
P. O. Box 5420	513-412-0018 [Phone] 10018 [Ext]
Cincinnati, OH 45201-5420	513-412-1470 [FAX]

Filing Company Information

Annuity Investors Life Insurance Company	CoCode: 93661	State of Domicile: Ohio
P.O. Box 5423	Group Code: 84	Company Type:
Cincinnati, OH 45201-5423	Group Name: Great American	State ID Number:
(800) 854-3649 ext. [Phone]	Financial Resources, Inc.	
-----	FEIN Number: 31-1021738	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Annuity Investors Life Insurance Company	\$50.00	08/12/2010	38736596

SERFF Tracking Number:	GRAX-G126766469	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		08/13/2010	08/13/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Cover Letter	SPI GreatAmericanFin ancialRes	08/12/2010	08/12/2010

<i>SERFF Tracking Number:</i>	<i>GRAX-G126766469</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Annuity Investors Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46478</i>
<i>Company Tracking Number:</i>	<i>AR031950300004</i>		
<i>TOI:</i>	<i>A071 Individual Annuities - Special</i>	<i>Sub-TOI:</i>	<i>A071.001 Equity Indexed</i>
<i>Product Name:</i>	<i>Annuity Individual Fixed</i>		
<i>Project Name/Number:</i>	<i>Annuity Individual Fixed/</i>		

Disposition

Disposition Date: 08/13/2010

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>GRAX-G126766469</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Annuity Investors Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46478</i>
<i>Company Tracking Number:</i>	<i>AR031950300004</i>		
<i>TOI:</i>	<i>A071 Individual Annuities - Special</i>	<i>Sub-TOI:</i>	<i>A071.001 Equity Indexed</i>
<i>Product Name:</i>	<i>Annuity Individual Fixed</i>		
<i>Project Name/Number:</i>	<i>Annuity Individual Fixed/</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Explanation of Variables		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		Yes
Supporting Document (revised)	Cover Letter		Yes
Supporting Document	Cover Letter	Replaced	Yes

SERFF Tracking Number: GRAX-G126766469 State: Arkansas
Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 46478
Company Tracking Number: AR031950300004
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/

Amendment Letter

Submitted Date: 08/12/2010

Comments:

Attached you will find the completed Cover Letter for this filing.

I apologize for any inconvenience this may cause.

Juli Fleming

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Cover Letter

Comment:

AR.PDF

SERFF Tracking Number:	GRAX-G126766469	State:	Arkansas
Filing Company:	Annuity Investors Life Insurance Company	State Tracking Number:	46478
Company Tracking Number:	AR031950300004		
TOI:	A071 Individual Annuities - Special	Sub-TOI:	A071.001 Equity Indexed
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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variables		
Comments:			
Attachment:			
NW - EO.V.PDF			
		Item Status:	Status Date:
Satisfied - Item:	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		
Comments:			
Attachments:			
AR - NAIC TRANSMITTAL DOCUMENT.PDF			
AR - NAIC FORM FILING ATTACHMENT.PDF			
		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:			
Attachment:			
AR.PDF			

Explanation of Variables
Individual Deferred Annuity Contract
Form No. P1405005NW/P1405105NW

BRACKETS

- Hard Brackets [] – Denote that provision or text is variable.

CONTRACT

Specifications Page

- Owner – Will insert name of the Owner.
- Age of Owner – Will insert Age of the Owner.
- Joint Owner – Will insert name of Joint Owner, if any.
- Age of Joint Owner – Will insert age of Joint Owner, if any.
- Annuitant – Will insert age of Annuitant, if any.
- Age of Annuitant – Will insert age of Annuitant, if any.
- Contract Number – Will insert Contract Number.
- Contract Effective Date – Will insert date contract is issued.
- Annuity Commencement Date – Will insert the annuity commencement date. For non-qualified contracts the annuity commencement date will be the anniversary of the contract following the 85th birthday of the elder of the Owner or Joint Owner, if any, or the 5th Contract Anniversary, whichever is later. For qualified contracts, the annuity commencement date will be the owner's 70th birthday.
- Interest Strategy Application Date – Will insert the date that money will be moved from the Purchase Payment Account into the selected strategies. Currently the 20th of the month.
- Account Value Payment Period – Will insert duration of the Account Value Payment Period.
- GMSV Factor – Will insert the percentage of the Purchase Payment used to determine the Guaranteed Minimum Surrender Value. (90%-100%)
- GMSV Rate – Will insert the percentage rate used to determine the Guaranteed Minimum Surrender Value. (1%-3%)
- Guaranteed Minimum Declared Rate – Will insert the minimum guaranteed declared rate. Will not be less than the minimum interest rate allowed under your state insurance law and applicable rules and regulations. Will be set at issue and not changed during lifetime of contract. (1%-3%)
- Purchase Payment Bonus – Will insert the percentage of the Purchase Payment to be applied as a bonus. (0%-5%)
- Declared Rate Strategy – Will insert the initial percentage of the Purchase Payment Account Value to be allocated to the Declared Rate Strategy as indicated by the Contract Owner.
- One Year Annual Point-to-Point Indexed Strategy – Will insert the initial percentage of the Purchase Payment Account Value to be allocated to the One Year Annual Point-to-Point Strategy as indicated by the Contract Owner.
- Minimum Base Interest Rate – Will insert the guaranteed minimum rate to be used for the Base Interest Rate for the Annual Point-to-Point Strategy. (0%-3%)
- Minimum Participation Rate – Will insert the guaranteed minimum rate to be used for the Participation Rate for the Annual Point-to-Point Strategy. (50%-100%)
- Minimum Cap – Will insert the guaranteed minimum rate to be used for the Cap for the Annual Point-to-Point Strategy. (2%-100%)
- One Year Average Indexed Strategy – Will insert the initial percentage of the Purchase Payment Account Value to be allocated to the One Year Average Strategy as indicated by the Contract Owner.
- Minimum Base Interest Rate – Will insert the guaranteed minimum rate to be used for the Base Interest Rate for the One Year Average Strategy. (0%-3%)
- Minimum Participation Rate – Will insert the guaranteed minimum rate to be used for the Participation Rate for the One Year Average Strategy. (50%-100%)
- Minimum Cap – Will insert the guaranteed minimum rate to be used for the Cap for the One Year Average Strategy. (2%-100%)
- Table Of Guaranteed Values
 - Ø Table of Guaranteed Minimum Surrender Value - Will insert values based on purchase payments of \$1,000.00 received on the Contract Effective Date and each Contract Anniversary thereafter; and the GMSV Rate.

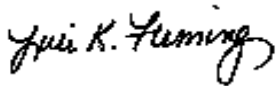
Contract Data

- Settlement Option Computations – Will insert the minimum interest rate applicable to the contract.
- Settlement Option Table A – Will insert values applicable to the minimum interest rate stated in the Settlement Option Computations paragraph.
- Settlement Option Table B - Will insert values applicable to the minimum interest rate stated in the Settlement Option Computations paragraph.
- Settlement Option Table C - Will insert values applicable to the minimum interest rate stated in the Settlement Option Computations paragraph.

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Annuity Investors Life Insurance Company P.O. Box 5423 Cincinnati OH 45201-5423	OH		084	93661	31-1021738	
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address			
	Juli K. Fleming P. O. Box 5420 Cincinnati OH 45201-5420	800-854-3649 Ext. 10018	513-412-1470	jffleming@gafri.com			
5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input checked="" type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	AR031950300004					
7.	<input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____				
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> <div>Group</div> </div>					
9.	Type of Insurance	A07I Individual Annuities - Special					
10.	Product Coding Matrix Filing Code	A07I.001 Equity Indexed					
11.	Submitted Documents	<input checked="" type="checkbox"/> <u>FORMS</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other: <u>Revised EOV</u> </div> <div> <input type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <input type="checkbox"/> <u>RATES</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> <u>FILING OTHER THAN FORM OR RATE:</u> Please explain: _____ <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Certifications </div> </div>					

12.	Filing Submission Date	08/12/10
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	pending
15.	Filing Description:	
	<p>Please accept this letter as notification to your department of Annuity Investors Life Insurance Company's intent to expand the range of the Guaranteed Minimum Surrender Value Rate as referenced on the previously submitted Explanation of Variables for the policy form P1405005NW/P1405105NW, which were approved for use in your state on 09/15/05, under file number 30538.</p> <p>We are expanding the range of the Guaranteed Minimum Surrender Value Rate from 2%-3%, to 1%-3%. A revised Explanation of Variables document is enclosed for your records.</p>	

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>		
<p>Print Name <u>Juli K. Fleming</u> Title <u>Senior Compliance Analyst</u></p>		
<p>Signature <u></u> Date <u>08/12/10</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		AR031950300004
This filing corresponds to rate filing company tracking number		

	Document Name Description	Form Number		Replaced Form Number Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

Annuity Investors[®]
LIFE INSURANCE COMPANY
Mailing Address: P.O. Box 5423, Cincinnati, OH 45201-5423

August 12, 2010

NAIC No. 084-93661
FEIN No. 31-1021738

Insurance Commissioner Jay Bradford
Compliance - Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Informational Filing - Annuity Investors Life Insurance Company
P1405005NW Individual Deferred Annuity Contract
P1405105NW Individual Deferred Annuity Contract

Dear Insurance Commissioner Bradford:

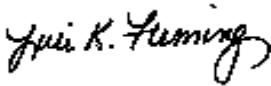
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We are expanding the range of the Guaranteed Minimum Surrender Value Rate from 2%-3%, to 1%-3%. A revised Explanation of Values document is enclosed for your records

With this information, I look forward to receiving a favorable response to this filing.

If you have any questions or require additional information regarding this submission, please feel free to contact me at either of the phone numbers indicated below or via e-mail at jfleming@gafri.com.

Sincerely,



Juli K. Fleming
Senior Compliance Analyst

JULI K. FLEMING , SENIOR COMPLIANCE ANALYST
(800) 854-3649 (TOLL FREE - EXT. 10018)
(513) 412-0018 (DIRECT DIAL) * (513) 412-1470 FAX

<i>SERFF Tracking Number:</i>	<i>GRAX-G126766469</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Annuity Investors Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46478</i>
<i>Company Tracking Number:</i>	<i>AR031950300004</i>		
<i>TOI:</i>	<i>A071 Individual Annuities - Special</i>	<i>Sub-TOI:</i>	<i>A071.001 Equity Indexed</i>
<i>Product Name:</i>	<i>Annuity Individual Fixed</i>		
<i>Project Name/Number:</i>	<i>Annuity Individual Fixed/</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/12/2010	Supporting	Cover Letter Document	08/12/2010	Cover Letter.PDF (Superceded)

Annuity Investors[®]
LIFE INSURANCE COMPANY
Mailing Address: P.O. Box 5423, Cincinnati, OH 45201-5423

August 12, 2010

NAIC No. 084-93661
FEIN No. 31-1021738

Insurance Commissioner Jay Bradford
Compliance - Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Informational Filing - Annuity Investors Life Insurance Company

Dear Insurance Commissioner Bradford:

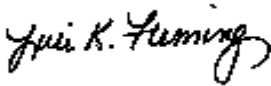
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Sincerely,



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Senior Compliance Analyst

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